

No. **C 139641**

**Due no later than Jun 30, 2003  
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

**IMMEDIATE CREDIT RECOVERY, INC.**

**169 MYERS CORNERS RD STE 110**

**WAPPINGERS FALLS, NY 12590**

**CORPORATION SERVICE COMPAN  
1401 SHORELINE DR STE 2**

**BOISE, ID 83702**

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	EFRAIM ROA	169 MYERS CORNERS RD	WAPPINGERS FALLS	NY	12590
VP, SECRETARY TREASURER	PAUL GOODRIDGE	169 MYERS CORNERS RD	WAPPINGERS FALLS	NY	12590

5. Organized Under the Laws of:

**NEW YORK  
C 139641**

6.

Signature 

Date

Name (Typed or Printed)

**EFRAIM ROA**

Title

**PRESIDENT**